



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
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March 8, 2010

Richard Davis, Administrator
Boise Group Home #1 (Pennfield)
PO Box 4243
Boise, Idaho 83711

RE: Boise Group Home #1 (Pennfield), Provider #13G017

Dear Mr. Davis:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Boise Group Home #1 (Pennfield), on March 2, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance

Richard Davis, Administrator
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Page 2 of 2

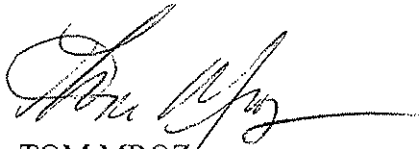
within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **March 22, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tom Mroz', with a long horizontal flourish extending to the right.

TOM MROZ
Health Facility Surveyor
Fire Life Safety & Construction Program

TM/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/03/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G017	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____		(X3) DATE SURVEY COMPLETED 03/02/2010
NAME OF PROVIDER OR SUPPLIER BOISE GROUP HOME #1 (PENNFIELD)			STREET ADDRESS, CITY, STATE, ZIP CODE 3855 PENNFIELD ST BOISE, ID 83704		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>The facility is a single story, residential type building. It is Type V(000) construction and is sprinklered throughout except in the garage and attic by a 13 D extinguishment system with Quick Response heads. There is a complete fire alarm/smoke detection system. The facility was built in February of 1984. Currently it is licensed for 5 ICF/MR beds.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on March 1st and 2nd, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470 (j).</p> <p>The Survey was conducted by:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Fire/Life Safety and Construction</p>	K 000	<p>RECEIVED</p> <p>MAR 17 2010</p> <p>FACILITY STANDARDS</p>		
K0051	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated</p>	K0051			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

3/16/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0051	<p>Continued From page 1</p> <p>continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>This Standard is not met as evidenced by: Based on observation the facility failed to maintain the fire alarm system. The deficient practice would affect all residents, visitors and staff of the facility. The facility has the capacity for 5 licensed beds with a census of 5 on the day of the survey.</p> <p>Findings include:</p> <p>Observation on March 2, 2010 at 10:30 A.M., of the fire alarm control panel displayed a signal initiated by the fire alarm system or device indicative of a fault in a monitored circuit or component. The fire alarm control panel was in "trouble mode". Interview with the facility Administrator on March 2, 2010 at 10:30 A.M., indicated the facility was aware that the fire alarm control panel was in trouble mode.</p> <p>The finding was acknowledged by the Administrator at the exit interview on March 2, 2010.</p> <p>Actual NFPA standard: NFPA 72 §9.6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code, unless an existing installation, which shall be permitted to be continued in use, subject to the approval of the authority having jurisdiction.</p>	K0051	<p>The house manager conducted a fire drill on the morning of the inspection. She silenced the alarm before she reset the pull station and forgot to reactivate the alarm panel.</p> <p>The administrator reviewed procedure to reset the alarm panel with the manager by manually walking her through the procedure at the home on 3/11/10.</p>	3/11/10	

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K0051	Continued From page 2	K0051		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G017	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2010
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M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a single story, residential type building. It is Type V(000) construction and is sprinklered throughout except in the garage and attic by a 13 D extinguishment system with Quick Response heads. There is a complete fire alarm/smoke detection system. The facility was built in February of 1984. Currently it is licensed for 5 ICF/MR beds.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on March 1st and 2nd, 2010. The facility was surveyed under the LIFE SAFETY CODE, 1976 Edition, "Lodging and Rooming Houses" contained in Chapter 11, "Lodging and Rooming House Occupancies" and applicable provisions of Chapters 01 through 07, Chapter 17 and Appendices A and B of the Life Safety Code, Impractical Evacuation Capability in accordance with IDAPA 16.03.11.</p> <p>The Survey was conducted by:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Fire/Life Safety and Construction</p>	M 000	<p>RECEIVED</p> <p>MAR 17 2010</p> <p>FACILITY STANDARDS</p>	
MM309	<p>16.03.11.110 Fire and Life Safety Standards</p> <p>Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by:</p> <p>Refer to federal deficiency K051 listed on the CMS 2567 form.</p>	MM309		<p><i>see K0051</i></p>

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